



## **ENTITY DEMOGRAPHICS**

### **Supplemental Entity**

(Entity with Ownership Interest in Applicant Entity)

**OTHER LICENSE APPLICATION AFFILIATIONS:** If the applicant is a supplement applicant of or providing capital to another applicant entity under the Medical Marihuana Facilities Licensing Act, 2016 PA 281(MMFLA), please provide the following information (use related addendum if additional pages are necessary).

Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)
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### **DEMOGRAPHIC INFORMATION**

Please provide the following information regarding the supplemental applicant entity.

<b>Entity Name</b> (as appears on official entity document)			<b>Assumed Name</b> (as used in conducting the business, if applicable)		
<b>Entity Mailing Address</b>			<b>FEIN</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Entity Phone</b>		
<b>Entity Physical Address</b>			<b>Entity Email Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Entity Website</b> (if applicable)		

### **PERSON COMPLETING APPLICATION**

Please provide the following information regarding the person completing this application.

<b>Name</b> (First, Middle, Last)			<b>Affiliation with Entity</b>		
<b>Mailing Address</b>			<b>Entity Name</b> (if applicable)		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone</b>		
<b>Regulatory License No.</b> (if applicable)			<b>Email Address</b>		